

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

SEP 10 1937

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Homer G. Phillips Hosp.**)

29390

File No.....  
Registered No. **8023**  
St. .... Ward)

**2. FULL NAME**

**Kilgore**  
(a) Residence, No. **2817 Stoddard St.** St. **2 /** Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>F</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>8-24-37</b>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <b>40</b> hrs. or <b>40</b> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Missouri**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Ida Mae Kilgore**

16. BIRTHPLACE (CITY OR TOWN) **Miss**  
(STATE OR COUNTRY)

17. INFORMANT **E. M. Steward**  
(ADDRESS) **2601 N Whittier Street**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Cypress Hill** DATE **8/28/37**

19. UNDERTAKER **City Health Dept**  
(ADDRESS)

20. FILED **AUG 26 1937**  
**J. B. Brebeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-24-37** 19

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **100** P. M.  
The principal cause of death and related causes of importance were as follows:

**Prematurity**

Date of onset

Other contributory causes of importance:

159

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **J. C. Me Fall**, M. D.

(Address) **2601 N Whittier Street**

